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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

CHIRON WATKINS et AL.

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

MID HUDSON Forensic  
PSYCHIATRIC Center et AL

Ms. Peggi Healy, Director

**THIRD  
AMENDED  
COMPLAINT**

under the Civil Rights Act,  
42 U.S.C. § 1983

Jury Trial: ☒ Yes ☐ No  
(check one)

13 Civ. 5993 (LAP)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name

Chiron Watkins

ID#

2572777M

Current Institution

A.M.K.C

Address

18-18 Hazen Street

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Peggi Healy

Shield #

Where Currently Employed

Mid Hudson forensic Psy. Center

Address

2834 Route 17M

New Hampton, NY 10958

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Defendant No. 2 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Who did  
what?

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

MidHudson Forensic PSYChiatric center

B. Where in the institution did the events giving rise to your claim(s) occur?

Within dormitory of Building 3 Ward 31/32

C. What date and approximate time did the events giving rise to your claim(s) occur?

① From April 20<sup>th</sup>, 2013 To June 29<sup>th</sup>, 2013  
② from October 21, 2013 To January 17<sup>th</sup>, 2013

D. Facts: Persons  
Parties at mid hudson has disregarded health  
& Safety concerns, subjected living conditions to cruel  
and inhumane, unhygienic environment. Persons pertain-  
ing to Ward 31/32 violated Constitutional, human, and

What  
happened  
to you?

other federal rights. Unhygienic Persons such as Ledesma, E #12809 and Aggressive. Persons such as Lopez, C #13072 and Davis J #13054 assault on Patients. MY human rights were not upheld by defendants. Medical concerns were not professionally reviewed. Grievances ignored. In which I ~~Gave~~ made Grievances about concerns & other matters. Bathrooms not being cleaned as regularly needed, issue spoons to eat certain foods. The PSYCH. center destroys ones morals & values. ~~Persons~~ Persons that worked Ward 31/32 had no consideration to the mentally ill and verbally abuse them because of their lack of understanding and comprehension due to mental impairment. Illegal search & seizure of personal living space. Witnesses: Sabas Martinez, Joseph Daniels, Oliver Barclift, Aton Callens, Ricardo Grant. How often do employees seek a psychiatric evaluation for maintaining steady employment which they ~~should~~ should?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

- Human rights & Constitutional rights infringement
- Denial of medical attention
- Constant migraine headaches
- Mental & emotional stress
- Misdiagnosis and/or false diagnosis
- Pain & suffering

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Mid Hudson Forensic Psychiatric Center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_ No ☒ Do Not Know \_\_\_\_

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No \_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_ No \_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

With director

1. Which claim(s) in this complaint did you grieve?

Living Conditions, Search + Seizures, Environment Issue.

1 hr Rec., Law Library, health concerns

2. What was the result, if any?

NONE, No Resolution

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

Administration, director

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

I informed defendants of Situation + Issues verbally. Their response was of no consideration to Complaint.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

When mail was returned I ask for their directive which was from 2008. which stated postage was \$.424 and that's why my mail was returned.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \$30 million (Thirty million)

Because The Facility employees are unprofessional, Mail Tampering, medical denial, endangering environment + unhygienic environment, coercion, duress, mental stress emotional stress, violation of 1 hour recreation a day + Law Library Access while detained by Law.

On  
these  
claims

**VI. Previous lawsuits:**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_  
Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No \_\_\_

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_  
Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

③ Eastern district      ② Southern district

3. Docket or Index number N/A Pending

4. Name of Judge assigned to your case N/A Pending

5. Approximate date of filing lawsuit N/A Pending

6. Is the case still pending? Yes ☒ No ☐  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
N/A

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 14.

Signature of Plaintiff	<u>All rights Reserved</u> <u>Chiron Watkins</u>
Inmate Number	<u>2572777M</u>
Institution Address	<u>A.M.K.C.</u> <u>18-18 Hazen Street</u> <u>E. Elmhurst, NY 11370</u>

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_ day of \_\_\_\_\_, 20 14, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:	<u>All rights Reserved</u> <u>Chiron Watkins</u>
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